Commonwealth of Kentucky



To GEORGE GLENN HATCHER, Secretary of State, Frankfort, Kentucky

#### Annual Verification Report of Statement of Corporation Foreign or Domestic

THE NAME OF CORPORATION IS Fall	allian is describer de como como de describe como de la describe de como de como de como de como de como de co La como de com	و المساورة و المساولة
THE HOME OFFICE IS 749 F. Leff	erson St. Louisvil	Is, Yy
A CORPORATION OF THE STATE OF	Kentucky	·
The records in the office of the Secretary of S	tate of Kentucky should inc	licate that
Charles A. Eletz was named or	ir process agent, and that	749 E. Jefferson St.
bouleville, Ky., was designate		· · · · · · · · · · · · · · · · · · ·
Corporation filed in said office on the 2511	day of June	<u>19 40.</u>
Is the above information correct? yes.		
Do you know that if you have designated a p caused by death or otherwise of the agent, or b	rocess agent and named a p	place of business, and a change is
new statement of corporation, and pay a fee o	r \$5.00? we believe "	re do./
If a change in agent, or place of business has t	taken place, who is now you	r agent, or where is your place of
business now in Kentucky? 820 ACCYS.		
Has there been a change in the name of presid	lent or secretary of your co	orporation since the filing of the
last Statement of Corporation 1. DC		And the same of the same of the same same same same to the same constraint of the same same same same same same
Do you have written authorization, in the for	m of a certificate, signed by	the Secretary of State of Ken-
tucky, showing that you have complied with t	he statutes relative to proces	ss agents, etc. ? <u>Veb.</u>
Are you familiar with the corporation laws of	Kentneky?not_all_	but possibly a good many
NOTARY CERTIFICATE	Thas-	a Stat Frender
Subscribed and sworn to before me by	SIGNATURE	
Charles A. Blatz, Fresident of Falls Sity Mutual Fire Ins. So this the 31stday of July , 19, 11	PRESIDENT	A. Platz (Print Name)
James C Schauf	1/4/	Velle Lece
Notary Public, of Jefferson	SIGNATURE	
County, State of Kentucky  Notice Francisco Complexion expires Land 177775.	Ym. Secretary	Mehler. (Print Name)
,	on hafara July 1stFIT YN	rs 1000 \$1 000 \$
This statement must be filed, annually, on Form Sec-O-S-AVR-N18 D 5 5 5	***	and return application

AUG 4 -- 1941

George Glenn Hatcher SECRETARY OF STATE

The \$1.00 filing fee paid

recording.

# Commonwealth of Kentucky



To GEORGE GLENN HATCHER, Secretary of State, Frankfort, Kentucky

## Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1.	THE NAME OF CORPORATION IS Falls City Intual Fire Insurance Company, Inc.
2.	THE HOME OFFICE IS 749 E. Jefferson Street, Louisville, Ky.
3.	A CORPORATION OF THE STATE OF. Kentucky
<b>4</b> .	When incorporated, or qualified in Kentucky. Pet. 29th, 1884
5.	Have you filed a Statement of Corporation naming process agent? Yes, or No? yes
6.	The Statement of Corporation filed in the office of the Secretary of State on
	should indicate that (name and address) Follo City Nutual Fire Ins. Co.Inc. Ky.
	NO E. Jefferson Street. Louisville. , Ky.
Ξ.	r. Cher. A. Bletz. Prec. was named our process agent, and 749 E. Jefferson St.
. o.	was designated as the place of business in Kentucky.
7.	If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.
8.	If a change in agent, or place of business has taken place, who is now your agent, or where is your
<b>9</b> .	Has there been a change in the hame of president or secretary of your corporation since the filing of the
	last Statement of Corporation 50
10.	Do you have written authorization in the form of a certificate, signed by the Secretary of State of Ken-
	tucky, showing that you have complied with the statutes relative to process agents, etc.?
11.	Are you familiar with the corporation laws of Kentucky? Washink CO.
	NOTARY CERTIFICATE
Sul	bscribed and sworn to before me by PRESIDENT
	Bunse C. School Secretary Secretary
No	tary Public, of Jeffer 200 SECRETARY (Print Name)
Co	unty, State of Martinery
Мy	Commission expires. Jan. 11/1915
	THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY IST.— FILING FEE \$1.00.

(PLEASE READ REVERSE SIDE OF THIS FORM.)

DO NOT WRITE HIRE

Statement approved by... Fee accepted by.....

George Glenn Hatcher

JUL 10 1942

# Commonwealth of Kentucky Department of State



To GEORGE GLENN HATCHER, Secretary of State, Frankfort, Kentucky

#### Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

	T. OI CIRU AL TAINE SELF (Tracess Whente)
1.	THE NAME OF CORPORATION IS PALLS CITY MUTUAL FIRE INSURANCE CO. INC.
2.	THE HOME OFFICE IS 749 E. Jefferson St. Louisville, Ky.
3.	A CORPORATION OF THE STATE OF Kentucky
4.	When incorporated, or qualified in Kentucky Established Jan 23, 1869. Inc. Feb. 29/1881
5.	Have you filed a Statement of Corporation naming process agent? Yes, or No? Yes
б. б.	The Statement of Corporation filed in the office of the Secretary of State on
υ.	should indicate that (name and address) Falls City Mutual Fire Ing. Co. Inc. Ky.
	749 E. Jefferson Street, Louisville, Ky.
	Chas. A. Blatz was named our process agent, and 740 E. Jefferson St.
	Louisville, Ky. was designated as the place of business in Kentucky.
7.	If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.
8.	If a change in agent, or place of business has taken place, who is now your agent, or where is your
	place of business now in Kentucky? none
<b>9</b> .	Has there been a change in the name of president or secretary of your corporation since the filing of the
	last Statement of Corporation? no
10.	Do you have written authorization in the form of a certificate, signed by the Secretary of State of Ken-
	tucky, showing that you have complied with the statutes relative to process agents, etc.? Yes
11.	Are you familiar with the corporation laws of Kentucky? we think so.
	NOTARY CERTIFICATE Chas. A. Hats.
	bscribed and sworn to before me by PRESIDENT
	Ches. A. Bletz
th	s the 23rd day of June, 19 43
{}· Nĭ∽	tary Public, of Jererson
	unty, State of Kya
	Commission expires Jan 4/45.
-···•	THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.— FILING FEE \$1.00.
	DO NOT WRITE HERE
	Statement approved by
	Fee accepted by

Form Sec.-O-S-AVR-No. 19.

Goorge Glenn Hatcher

SECRETARY OF STATE

JUN 27 1944

Commonwealth of Kentucky

Commonwealth of State



To Charles R. O'Connell Secretary of State, Frankfort, Kentucky



#### Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

	THE NAME OF CORPORATION IS "?				
	THE HOME OFFICE IS 749 F. Je (Street)		• • • •		- ·
	A CORPORATION OF THE STATE OF				
	When incorpor ted, or qualified in Kentuck				
5.	Name of present process agent is:				
	2331 Bonnycastle Ave. (Street)	Louievil	l.e	Ky.	
					a programme de la companya de la com
в.	If you have designated a process agent and r otherwise of the agent, or by changing locat of corporation, and pay a fee of \$5.00.	named a place of tion of office or o	business, and a offices, you are rec	change is cause quired to file a	ed by death or new statement
	P	PRESIDENT	has le.  Blat  Melley		
	, ,	SECRETARY	Mm. Mehler. (Print Na	me)	***************************************

THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.—FILING FEE \$1.00.

# Commonwealth of Kentucky



To Charles K. O'Connell Secretary of State, Frankfort, Kentucky

## Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1.	. The man commencer		ire Insurance Co.	
2.	THE HOME OFFICE IS 749 E. Je	ffereon St.	Louisville,	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
3.	MAILING ADDRESS IS 749 E.	Jefferson St	Louisville,	(Western Street
1,	A CORPORATION OF THE STATE OF	Kentucky		
5.	. When incorporated, or qualified in Kentucky	Fabruary 29	. 1864	ente la lagranda de la companya de l
Б.	. Name of present process agent is:Ch	as. A. Blatz	(Name)	4 1 13 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2
	2331 Bonnydastle Ave.	Louisville (City)	KV.	
			1 f	of Grander
7.	The second secon	on of office or offic	siness, and a change is coes, you are required to fi	le a new statement
	JUN 11 2 Tall and	PRESIDENT C	han. A. Blatz	
	EFGHETAHY NE cross	SECRETARY W	m. Mehler.	
		BECRETARY	(Print Name)	<b>*</b>

THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.—FILING FEE \$1.00.

(PLEASE READ REVERSE SIDE OF THIS FORM.)

# Commonwealth of Kentucky



To Charles K. O'Connell Secretary & State, Frankfort, Kentucky

#### Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1.	THE NAME OF CORPORATION ISFell	e City Mut	ual Fi	re Insura	nce Co.,	
	THE HOME OFFICE IS 749 F. Jeffe			(CIG)	· K	y . State)
3.	MAILING ADDRESS IS 749 E. Jeff	erson St.	Loulev.	ille, Kv.	***********************	
4.	A CORPORATION OF THE STATE OF	entucky			****	
5.	When incorporated, or qualified in Kentucky	Februar	y 29	1884	· · · · · · · · · · · · · · · · · · ·	<u></u>
6.	Name of present process agent is:Chas		; ••••••••••	(Namo)		
	749 E. Jefferson St.	Louisvil	le,		Ky January	13.32.1.1.1.
	(Street)	(City)	· /		(State)	recombatorio Lector Landon
	/49== 62300-0633440	$\Delta \Omega$ .		and the Visit t		erin indfra
		//	/le	1. Men	) of	***************************************
7.	If you have designated a process agent and n otherwise of the agent, or by changing locat of corporation, and pay a fee of \$5.00.	tion of office or	dffices, y	s, and a chan ou are require	ed to file a ne	by death or w statement
		PRESIDENT	Chae. Y		7	•
	N 11 1946	PRESIDENT	/R/	(Print Name)	<u></u>	
	SECTION OF STATE	SECRETARY	17m	Mehler.	S	********************
		SECRETARY	9141	(Print Name)	*********************	*

THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.—FILING FEE \$1.00.

# Commonwealth of Kentuck



SEINETARY OF STATE

TACHTER TO Charles K. O'Connelly Active Secretary of State, Frankfort, Kentucky

# Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1.	THE NAME CORPORATION IS FRITE CITY MUTURI Fire Insurance Co.	Inc.
2.	THE HOME OFFICE IS 740 E. Jefferson St. Louisville (2)	X.Y.
3.	MAILING ADDRESS IS 740 F. Jefferson St. Louisville (2)	(State)
4.	A CORPORATION OF THE STATE OF Kentucky	ing and the state of the second s
5.	When incorporated, or qualified in Kentucky February 20, 1884	, n
	Name of manage amount in Copyles Yantz	2 2 2 2 2 1 Pat
	501 T. Camp Street Louisville (3) by. (Street) (City) (State	The second of the second
	(Street) (City) (State	r le converted de
	(Six)	vejen grija tran <b>er</b> e va semaa tasava
7.	If you have designated a process agent and named a place of business, and a change is otherwise of the agent, or by changing location of office or offices, you are required to of corporation, and pay a fee of \$5.00.	
	PRESIDENT Lang	
	Ohorlen Fants	
	FRESIDENT (Femt Name)	2
	SECRETARY Vm. Meller	·
	SECRETARY (Print Name)	************************************

THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 18T.—FILING FEE \$1.00.

(PLEASE READ REVERSE SIDE OF THIS FORM.)

OFFICIAL STATEMENT TO BE FILED WITH

# Commonwealth of Kentucky

To George Glenn Hatcher



Secretary of State

### Annual Verification Report of Foreign or Domestic

Corporations (Process Agents)

1.	yes	named a process agent or agents, and	•			
2.	The records	should indicate that the name of the	present agent is	lenry Fru	echtenicht,	President
3.	Have you c	hanged name of agent or place of bus mer agent Char. Youtz i	ness? (State change.) g_deceaged			
4.		ntion imprinted below is from the offic your Corporation, Heme Office Addi				
5.	If changed.	give new name and address				
	**** ********					**************
						1943
					Report for Year.	
		FALLS CITY MUTUAL FIRE IN 749 EAST JEFFERSON STREET LOUISVILLE 2, KENTUCKY			2405 1370	
					P.V. 8601	i ,
	ile Inc. In and me Address	RESTUCKY 749 R. JEFFERSON ST., LO	1918 Jisville, Ky.		lified or Incorporat Kentucky	ed
	This statem	ent is filed and the answers and inform	iation are true and co	rrect. Given	over our signatures	s as:
		DECENVIO	PROSPONT The	ury Fr	weehtern	dr
	PLE	ASEANSWER	inesnoer Henry	Fruecht	enicht Smyname)	
	ALI	OLESTIONS"	Secretary Toba	Hertete	anse	nc
		Piec	REUREDARY	(1	'rint Name)	*****************
		THIS STATEMENT MUSICE FILING FEE \$100 (So	ËD, ANNUALLY E to Section 271.435 am		RS)	un!
		<b>\</b>			Y	AIU

Mail to George Glenn Hatcher, Secretary of State, Frankfort, Kentucky. 8-3-40

# Commonwealth of Kentucky

To George Glenn Hatcher



Secretary of State

#### Annual Verification Report of Foreign or Domestic

#### Corporations (Process Agents)

		O0. P	, , , , , , , , , , , , , , , , , , , ,	
1.		ned a process agent or agents		business in Kentucky, for your Corporation?
2.		hould indicate that the name o		enry Fruechtenicht, President
3.	Have you cha	nged name of agent or place	of business? (State change.)	
4.				the Secretary of State. Has there been a change
5.	If changed, gi	ve new name and address		
				1949 Report for Year 1949
		FALLS CITY MUTUAL F 749 EAST JEFFERSON LOUISVILLE 2. KENTU	STREET	2648
	ite Inc. In and mo Address	KENTUCKY 749 E. JEFFERSON ST	1916 Louisville, ky	Year Qualified or Incorporated in Kentucky
	This statement	t is filed and the answers and	/	erect. Given over our signatures as:
	PLEA	SE ANSWER	PRESIDENT	enry Fruechtenicht
	ATT	OUESTIONS	SECRETARY	WHartstern

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 (IN JUNE) FILING FEE \$1.90 (See Section 271.035 and 271.385, KRS)

OFFICIAL STATEMENT TO BE FILED WITH

# Commonwealth of Kentucky Department of State

To George Glenn Hatcher



Secretary of State

# Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

		Corporation	(IQ (FIOCESS A	gensy
1.	Have you na	med a process agent or agents, and desi	gnated a place of	business in Kentucky, for your Corporation?
2.	The records s			enry Fruechtenicht, President
₹.	Have you cha	inged name of agent or place of business?	(State change.)	
4. 5.	in name of	your Corporation, Home Office Address,	or Mailing Address	the Secretary of State. Has there been a change so no
•.,				
				PU-8457
				Report for Year 1950
		FALLS CITY BUTTAL FIRE LIT. 749 EAST JEFFERSON STROWT LOUISVILLE 2, KENTUCKY	www.cm.jo.	2926
		· w·		
	ite Inc. In and me Address	KENDUCKY 749 H. JEFFERSON ST., LOUIS	1918 SVILLE, KY	Year Qualified or Incorporated in Kentucky
i,	ls your corpo	ration still in existence?	Expiration	n Date?
		ment is filed and the answers and inform		correct. Given over our signatures as:
			PRESIDENT	way True Lewis
	D Van	ASE ANSWER	PRESIDENT	Henry Fruechtenicht  Mut Hankburn
	Jin Jin	26 195g W	SECRETARY SECRETARY	John Hartstern (Print Name)
A	* (13 9,10.11)	1 1 1 4 4 5 6 1		FORE JULY 1 (IN JUNE)

Mail to George Glenn Hatcher, Secretary of State, Frankfort, Kentucky

OFFICIAL STATEMENT TO BE FILED WIT

#### Commonwealth of Kentucky Department of State

To George Glenn Hatcher



Secretary of State

#### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

١.	Have	you namesi	a process	agent or	apents	ardi	designated	il	place	$\alpha!$	business :	n	Kentucky,	for	your	Corporation?
		yes														

- The records should indicate that the name of the present agent is Henry Fruechtenicht, President,
- Have you changed name of agent or place of business? (State change)
- The information imprinted below is from the official record as filed with the Secretary of State. Has there been a change in name of your Corporation, Home Office Address, or Mailing Address?
- If changed, give new name and address

Report for Year 1951

FALLS CITY MUTUAL FIRE INSURANCE CO. 749 EAST JEFFERSON STREET LOUISVII-LE 2, KENTUCKY

State Inc. In Hame Address KENTUCKY

749 E. JEFFERSON ST., LOUISVILLE, KY

Year Qualified or Incorporated in Kentucky

Proposition will in existence yes

Expiration Date?

The statement is filed and the answers and information are true and correct Given ever our signatures as:

PAID JUN 20 1951 AMT.

THE WAS A STREET ALL OFESTEDNS

Henry Fruechteuch

Henry Fruechtenicht

(Frint Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 (IN JUNE) FRANG FEE \$1.00 (See Section 271.035 and 271.385, KRS)

Mail to George Glenn Hatcher, Secretary of State, Frankfort, Kentucky

#### Bepartment of State

To Charles K. O'Connell



Secretary of State

#### Annual <u>Verification</u> Report of Foreign or Domestic Corporations (Process Agents)

749 E.	Jefferson Street	Louisville	Kentucky.
. Have vou e	hanged name of agent or plac	ce of business? (State change	A.)
ne	9		
			th the Secretary of State. If a change has been made, give new name and address.
no			
			· · . · . · . · . · . · · · · · ·
,	FALLS CITY TUTUAL F	STREET	REFORT FOR TIAR 1952
	LOUISVILLE 2, KENTU	ock i	3157
tate Inc. In and ome Address	RENTUCKY 749 E. JEFFERSON ST	1918 LOUISVILLE, KY.	Year Qualified or Incorporated in Kentucky
•	poration still in existence? atement is filed and the ans	,	ution Date?
	1952 JUN 17PA	ID PRESIDENT	Henry Fruechtenicht

Mail to Charles K. O'Connell, Secretary of State, Frankfort, Kentucky

FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

THIS STATEMENT MUST BE FILED, ANNUALLY BEYO

#### Department of State

To Charles K. O'Connell



Secretary of State

# Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of the	he present agent is	- Henry Fruechten	icht, Pr	esident.	
			(maine)		
749 E.	Jefferson St.	Louisville (City)	(2)	Ky.	
2. Have you	changed name of agent or place	ce of business? (State change	ge.)		
	<b></b>				
	nation imprinted below is from f your Corporation, Home Offic				has been made
	no change made.				
4. Name and	address of corporation:				
740 EAST	FALLS CITY HUTUAL TO TAY EAST JEFFERSON	STREET	és è	PONT FOR YPAR 1953	
	LOUISVILLE 2, KENT	LE 2. KENTOCKY		3189	
State Inc. In and Home Address	KENTUCKY 740 E. JEFFERSON ST	1913 LOUISVILLE, KY	Yea	r Qualified or Incorporat in Kentucky	ed
	rporation still in existence? statement is filed and the ans				
	PAIN	PRESIDENT	Henry	Truckteur	elet
	JUN 1.9 1953	PRESIDENT	Henry F	ruechtenicht (Print Name)	
	JUN - 7 1000	SECRETAR	folin	Hartstern	
		SECRETAR	John H	artstern (Print Name)	
	THE STATEMENT	MUST RE FILED ANN	MALEV BI	FORE JULY 1	

Mail to Charles K. O'Connell, Secretary of State, Frankfort, Kentucky

FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

#### Department of State

To Charles K. O'Connell



Secretary of State

# Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

l. Name of t	the present agent is Henry Fr	nechtenicht	(Name)		
749 E	Jefferson Street	Louisville (City)	(2)		, • • • • • • • • • • • •
2. Have you	changed name of agent or place of	business? (State change.)			
no	change				•••••
	nation imprinted below is from the f your Corporation, Home Office Ad				made
	no change		*****************************		, <del></del>
***********					
	address of corporation:			•••••••••••••••••••••••••••••••••••••••	****
, rume una	FALLS CITY MUTUAL FIR 740 EAST JEFFERSON ST	REET	BUPORT 6	OR YEAR .954	
	LOUISVILLE 2. KENTUCK	ĭ	3;	389	
State Inc. In and Nome Address	KENTUCKY 749 R. JEFFERSON ST	1913 LOUISVILLE, KY	•	d or Incorporated entucky	
<del>-</del>	orporation still in existence?statement is filed and the answers				
	PAID	PRESIDENT	eury Truce	hteuseht	
	JUN 1 J 1004	Henry Fri	echtenicht	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
٠.	<del>-</del> -	PRESIDENT	lan Ha	totern	
	SECRETARY OF STATE	SECRETARY	rtstern		
		SECRETARY	(Print Ne	ane)	

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

Mail to Charles K. O'Connell, Secretary of State, Frankfort, Kentucky

#### Department of State

To Charles K. O'Connell



Secretary of State

# Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of the	e present agent isHenry	. C. Korfha	ze, Presid	ent (Name)		***************************************
749 E. J	effersor St.	Louisvill	3(.2)	(State	Ху	***************************************
2. Have you cl	hanged same of agent or pla	ce of business? (S	state change.)			
↓ yes	name of agent ch	nanged from	Henry Fru	echtenicht,		
		43 46111	a can a milita di	un Convetame of Ctat		hage Pres
	ation imprinted below is from your Corporation, Home Offi					nas been made
•	)					
4. Name of Co	orporation					
	FALLS CITY HUTU\L		ICE CO.	REPORT F		
	749 EAST JEFFERSON LOUISVILLE 2. KENT			19	>>	
	HOOLDY LEED BY MARK			35	79	
State Inc. In and Home Address	KENTUCKY 749 E. JEFFERSON (	st., Louisvi	1918 LLE, KY	Year Qualified in Ro	or Incorporat	edi
	poration still in existence?					
This sta	atement is filed and the an	swers and inform	ation are true a	and correct. Given /	over our sign	atures as:
	PAI		PRESIDENT	ing CD 117	<i>P</i>	
	JUN 84 18	<b>165</b>	PRESIDENT	Henry C. Ke	orfhage	
	SECRETARY OF	STATE	SECRETARY	LM Kta	stoleru	·*************************************
			SECRETARY	John Hartst	ern ne)	
	THIS STATEMEN FILING FE	T MUST BE FILE E \$1.00 (See Sec			LY 1	

Mail to Charles K. O'Connell, Secretary of State, Frankfort, Kentucky

### Commonwealth of Kentucky

#### Department of State

To Thelma L. Stovall



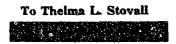
Secretary of State

# Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of th	ne present agent is He	nry C. Korfhage, Pre	Sident.
749 3. 0	Jefferson St.	Louisville	Ky. (State)
	_	place of business? (State change	
3. The inform in name of	your Corporation, Home	from the official record as filed with Office Address, or Mailing Address.	
4. Name of C			
	749 EAST JEFFERS		REPORT FOR YEAR
LOUISVILLE 2. K		ENTUCKY	4108
State Inc. In and Home Address	KENTUCKY 749 F. JEFFERSON	1918 V ST., LOUISVILLE, KY	Year Qualified or Incorporated in Kentucky
			ration Date?ue and correct. Given over our signatures as:
	JUN 1 9 1956	PRESIDENT HENR PRESIDENT SECRETARY	Y C. KORFHAGE, PRESIDENT.
SECI	RETARY OF S. TF	JO	HN HARTSTERN SECRETARY.
	THIS STATEM	ENT MUST BE FILED, ANNU	JAILY BEFORE JULY 1

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

#### Department of State





Secretary of State

## Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

		¥	•		
1. Name of th	ne present agent is	Henry C. K	orfhage,	President.	***************************************
749	E. Jofferson St.	Louisvil (City)	le (2)	Ky.	•••••••••••••••••••••••••••••••••••••••
	hanged name of agent or planare	ace of business? (	State change.)		
in name of	ation imprinted below is from your Corporation, Home Off	ico Address, or Ma	ailing Address,	give new name and addre	
4. Name of Co	orporation	•••••••••••••••••			
	FALLS CITY MUTUAL 749 EAST JEFFERSON LOUISVILLE 2. KENT	I Street	ice co.	Front For TY 1957 4069	AR
State Inc. In and Home Address	RENTUCKY 749 E. JEFFERSON S	st., Louisvii	1918 LLE, KY	Year Qualified or Ir in Kentuck	
	poration still in existence?	nswers and inform			
	Secretary of STA	IE I	PRESIDENT	Henry C. Korfhag	hage
	COMMONALALTH OF KELL	TUCAY (	PRESIDENT	(Print Name)	iseri.
	5- 12874	79	SECRETARY	John Hartstern (Print Name)	

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

#### Department of State

To Thelma L. Stovall



Secretary of State

#### Annual Verification Report of Foreign or Domestic

#### Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

l. Name of the p	resent agent is He	nry C. Korfhage	(Name)
749 E. Jei	fferson St.	Louisville	Kv.
(\$*)	ree()	(City)	(Statz)
2. Have you char	nged name of agent or pla	ace of business? (State change.)	•
no	••••••		
		m the official record as filed with t fice Address, or Mailing Address, gi	he Secretary of State. If a change has been madive new nome and address.
4. Name of Corp	oration		
		en e	entrope de 19 <del>15</del> Santa
	- Maria II. Ngada Seria - Lambaran Barata	The Mark Company of the Company of t	
			The section
State Inc. In and Home Address	ndulusny 749 B. Jeppurso	1913 M ST., LOUISYDALM, KY	in Kentucky Year Qualified or Incorporated
l. Is your corpor	ration still in existence?.	yes Expirati	on Date?
			and correct. Given over our signatures as:
	SECRETARY OF STATE	PRESIDENT	y Cathoge
	1958	PRESIDENT	Henry C. Korfhage
f Cı	IMMO FORTITH OF KENTUC	KY SECRETARY	TWI Yar Dan
\$ president	BST Die Liebelde Big Seitlige de delbankingen in Leer einem (200 delbank	Joh:	n Hartstern
i- 31999	THIC CTATEMEN		(Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

#### **Department of State**

To Thelma L. Stovall



Secretary of State

#### Annual Verification Report of Foreign or Domestic

Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

		v.	• ,
1. Name of th	e present agent is Henry	C. Korfhage, Pres	ident
		(i	Vame)
749 E. Je	elferson St.	Louisville	(State)
	(Street)	(City)	(orate)
2. Have you c	hanged name of agent or place of b	ousiness? (State change.)	·
no	. ,		
in name of	your Corporation, Home Office Add	lress, or Mailing Address, giv	
T.	o change		
4. Name of C	orporation		
			REPORT FOR YES
	FALLS CITY MUTUAL FIRE	INSURANCE CO.	1959
	749 EAST JEFFERSON STRE	i <b>et</b>	.000
	LOUISVILLE 2. KENTUCKY		A O 3 O
·		1 6100°	4643
	vent i lavy	1918	
State fac. in	KENTUCKY 749 R. JEFFERSON ST.,		in Kentucky
Home Address		20020120004	Year Qualified or Incorporated
1. Is your con	rporation still in existence?	Expiration	a Date?
This s	tatement is filed and the answers	and information are true as	al correct. Given over our signatures as:
		2 sm	y CTo ofhage
	•	Henry C	. Korfhage
	W 2	PRESIDENT	( Print Name)  ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	harmonist frank thittee, contactions		artstern
		SECRETARY ST. DE EULED ANNUAL	(Print Rame)
	research with Augustan and August 1971 1971 1971	THE RESERVE THE PROPERTY OF TH	r. w wast. 17 E T 175. W E R   E . W . I

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1

(See Section 271.035 and 271.385, KRS)

FILING FEE \$2.00

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky

#### Department of State

To Henry II. Carter



Corporations (Process Agents)

Annual Verification Report of Dom

Secretary of State

(Print Name)

SECRET!

#### SEE INSTRUCTIONS ON REVERSE SIDE 1. Name of the present agent is Henry C. Korfhage, President. (Name) Louisville 749 E. Jefferson Street (State) 2. Have you changed name of agent or place of business? (State change.) 3. The information imprinted below is from the official record as filed with the Secretary of State. It a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new me and address, 4. Name of Corporation FALLS SITE TUTUAL FIRE EUSURATICE CO. REPORT FOR YEAR 1950 749 HAST JEFFERSON STREET LOUISVILLE 2, KENTUCKY State Inc. In anđ 1918 in Kentucky Home Address Year Qualified or Incorporated 749 E. JEFFERSON ST., LOUISVILLE, KY. i. Is your corporation still in existence? Yes Expiration Date?.... This statement is filed and the answers and information are true and correct. Given over our signatures as: Korfhage

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Benry H. Carter, Secretary of State, Frankfort, Kentucky

OFFICIAL STATEMENT TO BE FILED WITH

# COMMONWEALTH OF KENTUCKY

#### Department of State

To Henry II. Carter



Secretary of State

	Annual Verification Re	port	of Domestic	V
	Corporations (Pr	rocess A	Agenta)	
	see instructions on	REVERS	SE SIDE 18 70 - 2,00 COMMON ATH OF REMARKS	
1. Name of the	present agent is Herry C. Korfhag	ge, Pro	sidenti	Y
77.9 E.	Jefferson Street Louisvil	lle	(Name)	
(	Strest) (City)		(State)	**************
2. Have you ch	anged name of agent or place of business? (State c	hauge.)		
in name of y	tion imprinted below is from the official record as fit our Corporation, Home Office Address, or Mailing A			ı m <b>ad</b> e
110 C	nange			**************
4. Name of Cor	poration	***************************************		1-00-000
	FALLS CITY SURVAL FIRS INSURANCE 749 EAST JEFFERSON STREET	: co.	REPORT FOR YEAR 1951	
	LOUISVILLE 2. KEHTUCKY		5643	
State Inc. In and Home Address	KENTUCKY 749 E. JEFFERSON ST., LOUISVILLE	1918 E. KY.	in Kentucky Year Qualified or Incorporated	
	oration still in existence?			
This sta	tement is filed and the answers and information	,	,	R.S.
		Hem	y Conthage	**********
	Friesi	Herry	C. Korfhage	
	PRES.	Listra	(Print Name)	***********
	V.	John Ha	artstern.	Parker and the Art &
	THIS STATEMENT MUST BE FILED, A	etary Annual	(Print Name) LY BEFORE JULY 1	

FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Henry II. Carter

Secretary of State, Frankfort, Kentucky

#### Department of State

To Henry H. Carte



•	Corporations (Process	Agente) and the third of the self polya
	SEE INSTRUCTIONS ON REVE	ERSE SIDE OF THE LOUIS BEAUTIFUL TO SEE SECTION OF THE SECTION OF
		(Name)
749 E. J. ferson li	rest Louisville (2)	(State)
2. Have you changed name of age	nt or place of business? (State change.)	er i entre de Meritalia de mar guido est. T

Annual Verification Report of Domestic was the last

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address. no charge.

4. Name of Corporation

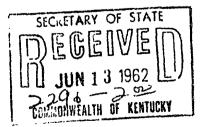
FALLS CITY MUTUAL FIRE INSURANCE CO. 749 EAST JEFFERSON STREET LOUISVILLE 2. KENTUCKY

REFORT FOR YEAR 1962

6001

State Inc. in and Home Address 749 F. JEFFERSON ST., LOUISVILLE, KY.

Expiration Date? This statement is filed and the answers and information are true and correct. Given over our signatures as:



SECRETARY

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Henry H. Carter, Secretary of State, Frankfort, Kentucky

#### Department of State

To Henry H. Ca. er



Secretary of State

# Annual Verification Report of Domestic Corporations (Process Agents) SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of th	ne present agent isHi	enry C. Korfh	aze, Pre	Sident (Name)	***************************************	••••
749 E. J	elferson St.	Louisvill	<u>e</u>	(2)	Kentucky.	· • • • • • • • • • • • • • • • • • • •
2. Have you o	changed name of agent or	place of business? (S	tate change.)			
no.			********	*******************************		
in name of	ation imprinted below is a your Corporation, Home (				ary of State. If a change has been name and address.	ande
4. Name of C	orporation			***********************	***************************************	
	FALLS CITY MUTUA		CE CO.		REPORT FOR YEAR 1963	
	LOUISVILLE 2. KE				6483	
State Inc. In and Rome Address	KENTUCKY 749 E. JEFFERSON	st., Louisvil	1918 LE, KY.	Year (	in Rontucky Qualified or Incorporated	
	poration still in existence tatement is filed and the				ct. Given over our signatures as:	********
				time	OTo the re	
SECRE	TARY OF STATE		PRESIDENT	Henry	C. Korfhage	
	CEINEW!		PRESIDENT	ohn	Hartylern	******
5.206	N 14 100. [[])		RECRETARY	*****************	hn Hartstern,	
I COMMONA	EATH OF KINDER ATEM	ent must be fil	ED, ANNUA	ALLY BEF	ORE JULY 1	
	filing i	FEE \$2.00 (See Sect	ion 271.035	ind 271.385	(, KRS)	

Mail to Henry H. Carter, Secretary of State, Frankfort, Kentucky

#### Department of State

To Henry H. Carter



Secretary of State

# Annual Verification Report of Domestic Corporations (Process Agents)

	SEE INSTRUC	nons on rever	Dr. Diffe + 1.	
1. Name of the	present agent is Henry C. Ko	orfhage, Pre	esident.	29mmin.i.
	ffersom Street Loui			202)
2. Have you ch	anged name of agent or place of busine	ss? (State change.)	the Control of the Control	the thing of Fig. 1.
, <b>ro</b>	,, , , , , , , , , , , , , , , , , , ,			
	tion imprinted below is from the officine of your Corporation, Home Office A			
				······································
4. Name of Cor	rporation			
	FAIRS CONT SUTUAL FIRE I 74 - LAST ASPERTSON STRIE LOUISTILLE 2, RESTUCKY		DEFORT I YEAR 196	
	170 713 7 thus 24 kmm took	5-00620	702	5
State Inc. In and Home Address	RENTUCKY 749 S. JEFFERSON ST., LC	nisairre, ka.	in Kentucky Year Qualified or Inc	
	oration still in existence? yes			
This sta	tement is filed and the answers and i	nformation are true a	and correct. Given over	our signatures as:
	MIRENVER	PRESIDENT	terry C. Korfhag	E
	[[] Ch 7- 1984 []	PRESIDENT	John L.	farleten
	COMMONWEALTH OF KENTUCKY	SECRETARY	John L. Hartster	in
	THIS STATEMENT MUST B	ř filed. Annua	LLY BEFORE JULY 1	L

FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Henry H. Carter, Secretary of State, Frankfort, Kentucky

#### Department of State

To Thelma L. Stovall



Annual Verification Report of Domestic

Secretary of State

	Cor	porations (Proces	s Agents)	era i promotorio
			ERSE SIDE	
l. Name of the p	resent agent is Her	ry C. Korfhage, Pr	esident who have a second	a gui
		Louisville,	(Name)	
(Stre	ot)	(City)	(State)	(aA - it
<ol><li>Have you chan</li></ol>	ged name of agent or pla	ce of business? (State change	e.)	
no		•••••••••••••••••••••••••••••••••••••••		4********
made in name	of your Corporation, Ho	me Office Address, or Mailing	with the Secretary of State. If a change g Address, give new name and address.	
		1,7***		
4. Name of Corp	oration			
		TUAL FIRE THOUSANDS		
	74) SAIT JEFF LOUISVILLU 2,		YAAR 1959	
	•		7664	
State Inc. In	Kel igoky		18	
and Some Address	749 E. JEFFER	son st., Louisville,	KY. Year Qualified or Incorporated in Kentucky	
-		<del>-</del>	ation Date?	
This state	ment is filed and the an	swers and information are tru	ue and correct. Given over our signature	s as:
		PRESIDENT	myOKojhagE	
	ck 2.	Herry	C. Korfhage (Print Name)	
	ck 2. 6/7/65	SECRETARY	In L. Hartster	
	, · ( <del>- •</del>		L. Hartstern	

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

#### Department of State

To Thelms L. Stovall



Secretary of State

# Annual Verification Report of Domestic Corporations (Process Agents) SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the	present agent is Henry	C. Korfbage	, Presid	lent.		
**		البوة فسي د	-	(Name)	<b>*</b> ~~	
749 E. Jef	fersor-Street	Louisvil	le,	Kentu	cky (State)	40202)
2. Have you ch	anged name of agent or place	e of business? (State	change.)			
No.		·······		····	***************************************	
	tion imprinted below is from our Corporation, Home Office					=
no chan	ge			**************************************		***************************************
4. Name of Cor	rporation			, , , , , , , , , , , , , , , , , , ,	***************************************	***************************************
	FALLS CITY MUTUAL 740 East Jefferso Louisville 2. Ken	N CTREET	CE CO.	12	REPORT F YEAR 196	
			-		7776	
State Inc. In and Benns Address	REHALCRY 749 4. JEFFERSON	ST., LOUISVILL	191 <b>9</b>	Year Qu	alitied or Inc. in Kentucky	orporated
1. Is your corp	oration still in existence?	yes	Expiration	on Date?	a dem n er to er a cent som til en til jake handskad gråde	. Survey of a survey of survey law of the Spingsto Spingsto
	stement is filed and the ans-					
		PRI	940.	my C A	onthage	er Deste die der Deutsche der der der der der der der der der de
			ESIDENT PRETARY	ory C. J	Korfhage Print Name	Lutelline
	Ck - 3.0	SEC	John	Harts	COTO	<del></del>
	STATE COM A STEEN SELECTION	MATERIAL ED ED ED ETTE STATE	# BYBYTT # #	F W: #38040CA	א עש פופט יעכט	

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

#### Department of State

Annual Verification Report of Domestic

#### Corporations (Process Agents)

	Oorper and	(	,
	SEE INSTRUCTION	ONS ON REVERSE SI	DE
1. Name of Corpor	ation		
	IN LEGATER SERVICE CONTROL TO THE PROPERTY OF		nunnen sok 11 1.uv
			8009
State Inc. In and Home Address	KETTUCKY 5 ORESTSANG 740 M. JERFMASON ST.,	1913 Ye LOUISVILL., KY	ear Qualified or Incorporated in Kentucky
2. Name of the pro	esent agent is Henry C.	Korfhage, Presi	dent
749 E. Jeffe	rson Street Louisvi	lle,	Ky. (State)
4. The information been made in na	me of your Corporation, Home Of	al record as filed with t fice Address, or Mailing	he Secretary of State. If a change has g Address, give new name and address.
No change		<u></u>	
5. Is your corporat	ion still in existence?yes	Expiration Date	orrect. Given over our signatures as:  (or fhage (Print Name)
		John I. I	lartstern (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

#### **Department of State** Annual Verification Report of Domestic

Corporations (Process Agents)

		EE INSTRUCTION	NS ON REVERS	E SIDE		
1. Name of Corpo	ration					
F.:			,		. 1.03	
L ·	uravint - z, i	(MARTIJE)		/ ^ - ^ - ^	STA	
State Inc. In and Home Address 74	114 <b>)</b> 1687 (73)	n <b>st., L</b> ouin	IOTA IN , KY	Yoar Qualific in K	d or Incorport entucky	ated
2. Name of the pr	esent agent is	Henry C. Kor	fhage, Pres	ident.		
740 E. Jeff	erson Stree	t Louisy	ille,	Ky(State	(40202	
3. Have you chan	-	nt or place of busi				
4. The information been made in no	ime of your Corpo	oration, Home Offic	e Address, or Ma	ailing Address, g	tive new name	e and address.
.,						
<ol><li>Is your corporated.</li><li>This statemer</li></ol>		ence?yes answers and inform				
		ã		r		<del>"</del>
NE	W BIN V B			ry C. Korf	*************	esident.
ر الماليا	JUN 11 1860 -	N-O-DD-	PRESIDENT	(Print No	me)	
Cammor	wealth of Kenti	5-968065 licky	المستنا	hn L. Harts	***********	c'y.

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Elmer Begley, Secretary of State, Frankfort, Kentucky

#### Department of State

#### Annual Verification Report of Domestic

Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Corporation

FAGLA SITY MUTUAL FIRE THRUSHED GO.

740 EAST JEFFERSON STREET

LOUISVILLE 2. KENTUCK!

RELORT FOR

7203

State Inc. in KENTUCKY 1918

and 749 E. JEFFERSON ST., LOUISVILLE, KY6
Home Address

Year Qualified or Incorporated in Kentucky

2.	Name of the present agent is FALLS CIT	Y MUTUAL FIRE INSURANCE COMPANY (Name)
. • • • •	H enry C. Korfhage - Fresident 749 E. Jefferson Street	Louisville, - Kentucky - 40202
3.c	Have you changed name of agent or place of b	usiness? (State change.)
	No	
4.		ial record as filed with the Secretary of State. If a change has flice Address, or Mailing Address, give new name and address.
••••	No Change	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5.	•	Expiration Date?
	This statement is filed and the answers and into	ormation are true and correct. Given over our signatures as:
	SECRETARY DE STATE	Henry Cotoophage
	JUNE 1969 14507	PRESIDENT  HENRY C. KORFHAGE:  PRESIDENT  (Print Warrie)  SECRETARY
	Commonwealth of Kentucky	JOHN L. HARTSTERN SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Elmer Begley, Secretary of State, Frankfort, Kentucky

### COMMONWEALTH OF

#### Department of State Annual Verification Report of Domestic

Corporations (Process Agents) May 5

SEE INSTRUCTIONS ON REVERSE SIDE 82.00 Commonwealth of Kentucky 1. Name of Corporation

> FALLS CITY MUTUAL FIRE INSURANCE CO. 749 EAST JEFFERSON STREET LOUISVILLE 2. KENTUCKY

REPORT FOR

1970

State Inc. In and Home Address

KENTUCKY Rean Qualified or Incorporated in Kentucky 749 E. JEFFERSON ST., LOUISVILLE, KY

ي.	Name of the	present	agent	is	FALLS	CITY	MUTUAL	FIRE	INSURANCE	COMPANY
----	-------------	---------	-------	----	-------	------	--------	------	-----------	---------

749 E. Jefferson Streat -(Street)

Have you changed name of agent or place of business? (State change.)

The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

SAME - No Change

5. Is your corporation still in existence?. YES

Expiration Date?

This statement is filed and the answers and information are true and correct. Given over our signatures as:

NOTICE: INCREASE IN FEES EFFECTIVE JUNE 18, 1970

> The 1970 Legislature increased the Domestic Report fees from \$2 to \$5. Reports received prior to June 18, 1970 will be at the old rate of \$2.00.

PRESIDENT

SECRETAE John L. Hartstern 🗕

SECRETARY

(Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Emer Begley, Secretary of State, Frankfort, Kenducky

#### Department of State

#### Annual Verification Report of Domestic

Corporations (Process Agents) SEE INSTRUCTIONS ON REVERSE SIDE

REPORT FOR

Year Qualified or Incorporated

		,	<u></u>	
1.	Name	ot	Corpora	ation

State Inc. In

FALLS CITY MUTUAL FIRE THEFT THE CO. 749 EAST JEFFERSON STREET LOUISVILLE 2. KENTUCKY

Ho	and eme Address	KENTUCKY 749 S. Jeffe	erson <b>st.,</b> Loutsvi	Year Qualified or inco in Kentuches 1918	rporated AR 1971
2.	Name of the presen	t agent isFALLS	CITY MUTUAL FI	RE JANSURANCE COMPAI	ΝΥ
	709 E. JEFFE	RSOM STREET -	LOUISVILLE,	KENTUCKY -	40202
3.	·	name of agent or pla	ce of business? (State	change.)	
1.	The information imp	rinted above is from to f your Corporation, I	Home Office Address, or	d with the Secretary of Stat Mailing Address, give new	e. If a change has name and address.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5.	Is your corporation This statement is	still in existence? filed and the answers	YES Expiration are true	ion Date?ee and correct. Given over o	our signatures as:
		7	PRESIDENT	HENRY C. KORFHAGE	<i>7E</i>
	Con this	100014 cannoth at Knapok	SECRETARY	JOHN L. HARTSTERN	Catro

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE \$5.00 (See Section 271.385, KRS)

Mail to Kenneth F. Harper, Secretary of State, Frankfort, Kentucky

#### Department of State

#### Annual Verification Report of Domestic

Corporations (Process Agents)
SEE INSTRUCTIONS ON REVERSE SIDE

1	Name	of	Corporation
4.	TAGING	O.	COLDOLATION

FALLS CITY MUTUAL FIRE INSURANCE CO. 749 EAST JEFFERSON STREET LOUISVILLE 2. KENTUCKY

REPORT FOR YEAR 1972

State Inc. In and Home Address

Year Qualified or Incorporated KENTUCKY 1918 in Kentucky

749 E. JEFFERSON ST., LOUISVILLE, KY

2. Name of the	he present agent is FALLS CTTY	MUTUAL FIR	E INSURANCE COMPANY	
	Jefferson Street - Louis	(.	Name) Kentucky -	40202
(	Street) (City	y i	(State)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. Have you	changed name of agent or place of bus	iness? (State ch	ange.)	
	NO -	••••••		
	nation imprinted above is from the official in name of your Corporation, Home Offi			
<b>.</b> 	24.00	*****		
	rporation still in existence? YES -		Date?	
This stat	tement is filed and the answers and inform	mation are true a	and correct. Given over our sign	atures as:
06619	JUN 15 1972	PRESIDENT PRESIDENT SECRETARY	HENRY C. KORFHAGE -	<u> </u>
	Commonwealth of Kentucky	SECRETARY	JOHN L HARTSTERN -	

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 FILING FEE 55.60 (See Section 271.385, KRS)

1. Name and mailing address of corporation:

COMPANY

# COMMONWEALTH OF KENTUCKY

Office of Secretary of State of Kentucky

#### ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

THE FALLS CITY MUTUAL INSURANCE

	749 EAST JEFFERSON ST. LOUISVILLE, KENTUCKY	Į.	
	State of Incorporation and Home Address KENFUCKY 749 E. JEFFERSON ST., LOUISVIL	1918 Year Qualified or Incorporated in Ky.	1973
2.	2. Is the mailing address of this corporation, as set out above, correct address of this corporation:	?yes If not, please indicate t	he correct mailing
	THE FALLS CITY MUTUAL INSU:	RANCE COMPANY	
	749 T. JEFFERSON STREET - I	Loni.:ville , Kentucky -	· 70505
J.	3. Is this corporation in existence and transacting business in Kentuction No. 2 on reverse side.)	cky? <u>YES</u> (If the answer is NO,	please see instruc-
<b>4.</b>	4. Is the name of this corporation the same as set out above? YE on reverse side.)	ES (If the answer is NO, please see	e instruction No. 3
5.	5. Have the articles of incorporation been changed or amended? No. 4 on reverse side.)	YES (If the answer is YES, ple	ase see instruction
5	3. Has the registered agent or his address been changed? <u>NC</u> reverse side.)	(If the answer is YES, please see in	struction No. 5 on
7.	7. Is this a PROFESSIONAL SERVICE CORPORATION under KRS please see instruction No. 6 on reverse side.)	S Chapter 274? No (If the	e answer is YES
		Signature of President or Vice President  MARVIN C. LIKINS - Please Print or Type Name	<b>#</b> )
	5.00	Signature of Secretary or Assistant Secretary  JOHN L. HARTSTERN  Please Print or Type Name	* Secty

This report is required by law to be filed annually before July 1st.

### Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

REPORT FOR

1. Name and mailing address of corporation:
THE FALLS CITY MUTUAL INSURANCE

COMPANY

		749 EAST JEFFERSON ST. LOUISVILLE, KENTUCKY		YEAR 197	'4
	State of Incorporation and Home Address	KENTUCKY 749 E. JEFFERSON ST. LO	The state of the s	car Qualified or corporated in Ky.	1974-
2.	Is the mailing address address of this corpora	s of this corporation, as set out above, ation:	correct? <u>yes</u> If no	ot, please indicate (	the correct mailing
3.	Is this corporation in tion No. 2 on reverse s	existence and transacting business in	n Kentucky? <b>yes</b> (I	f the answer is $\mathbf{NO}_{i}$	, please see instruc-
1.	Is the name of this co on reverse side.)	rporation the same as set out above?_	yes (If the answ	er is NO, please se	e instruction No. 3
<b>5.</b>	Have the articles of No. 4 on reverse side.)	incorporation been changed or amen	ded? <u>Yos</u> (If the	answer is YES, ple	ease sae instruction
<b>3.</b>	Has the registered ag	ent or his address been changed?	C (If the answer i	s YES, please see i	nstruction No. 5 on
	Is this a PROFESSIC	ONAL SERVICE CORPORATION un	der KRS £hapter 274?	No (If the	ne answer is YES,
			men	mil. Z	home
		07091	MARVIN E.	President or Vice President or Vice President or Type Name	Pres.
		200	Signature of S	geretary or Assistant Sec	relary
				ARTSTERN -	Sac1y_

This report is required by law to be filed annually before July 1st. FILING FEE: Please refer to instruction No. 1 on reverse side.

### Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

#### PLEASE READ ALL QUESTIONS CAREFULLY

CONTANT		REPORT FOR YEAR 1975
State of Incorporation and Home Address KENTUCKY 749 E. JEFFERSON ST., LOUISVI	1910	alified or ated in Ky,
2. Is the mailing address of this corporation, as set out above, correct address of this corporation:	? YOS If not, ple	ase indicate the correct mailing
3. Is this corporation in existence and transacting business in Kent- tion No. 2 on reverse side.)	icky? Yes (If the	answer is NO, please sec instruc-
I. Is the name of this corporation the same as set out above? Yes on reverse side.)	(If the answer is l	NO, please see instruction No. 3
No. 4 on reverse side.)	yes (If the answe	er is YES, please see instruction
i. Has the registered agent or his address been changed? NO reverse side.)	(If the answer is YES	, please see instruction No. 5 on
. Is this a PROFESSIONAL SERVICE CORPORATION under KR please see instruction No. 6 on reverse side.)	·	(If the answer is YES,
SECRETARY OF STATE  DEGENVED  MAR 1 7 1975	Signature of Preside Marvin E. Li	C. Linux ent or Vice President KINS — Pres.
Commonwealth of Kentucky	John L. Hart	or Assistant Secretary (Stern - Sec'y
3.	THE FALLS CITY MUTUAL INSURAN COMPANY 749 EAST JEFFERSON ST. LOUISVILLE, KENTUCKY 749 E. JEFFERSON ST., LOUISVI Is the mailing address of this corporation, as set out above, correct address of this corporation:  Is this corporation in existence and transacting business in Kentution No. 2 on reverse side.)  Is the name of this corporation the same as set out above? Yes on reverse side.)  Have the articles of incorporation been changed or amended? No. 4 on reverse side.)  Has the registered agent or his address been changed? No reverse side.)  SECRETARY OF STATE  DEGE VER MAR 17 1975  MAR 17 1975  MAR 17 1975	THE FALLS CITY MUTUAL INSURANCE COMPANY 749 FAST JEFFERSON ST. LOUISVILLE, KENTUCKY 1918  State of Incorporation and Home Address KENTUCKY 749 F. JEFFERSON ST., LOUISVILLE, KY  Is the mailing address of this corporation, as set out above, correct? Yes If not, ple address of this corporation:  Is this corporation in existence and transacting business in Kentucky? Yes (If the attion No. 2 on reverse side.)  Is the name of this corporation the same as set out above? Yes (If the answer is 1 on reverse side.)  Have the articles of incorporation been changed or amended? Yes (If the answer is Yes no reverse side.)  Have the articles of incorporation been changed? No (If the answer is Yes reverse side.)  State of Incorporation of this address been changed? No (If the answer is Yes reverse side.)  SECRETARY OF STATE  MAR 17 1975  MAR 17 1975  MAR 17 1975  Please Print.  Bignature of Segretary  No Please Print.  Bignature of Segretary  No Please Print.  Bignature of Segretary  No Segretary of Segretary

57172This report is required by law to be filed annually before July 1st.
FILING FEE: Please refer to instruction No. 1 on reverse side.

USE THIS SECTION OF TO CHANGE OR ALD INFORMATION MISSING IN SECTION 'A.	(3) FEDERAL EMPLOYER 61-018-8210	et on	The state of the s	209 South Shelby Street Louisville, Ky. 40203	Marvin E. Likins President Merle R. Likins V-President Alvin L. Meier Sec'y. & Treas.	I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT; I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN, THIS REPORT FOR THIS ENTITY THORIZED SIGNATURE
CORPORATE RECORDS SECTION ( A A OLICOL BUILDING FRANKFORT MENTUCKY 40501	(2) DATE OF INCOPP	AGENT (5) FOR PROCESS	YOUR (6) EXACT NAME	MAILING LOW	OFFICERS Merle (8) & Alvin DIRECTORS	PRES. V. PRES. TREAS. SECTY. DECLARE THAT T. DECLARE THAT T.
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DATE DUE OL	PERSON STATES	(1) RECOR. V. (3) VICERAL CONT. V. (3) OEN. V. (4)	AGEN: (5) FOP PROCESS	YOUR (6) EXACT NAME	(7) MAILING ADDRESS	OFFICERS  3  BIRECTORS

USE THIS SECTION ONLY TO CHANGE OR AUD INFORMATION MISSING IN SECTION 'A. CORRECTION & ADDITIONS (PLEASE TYPE) SECTION 8

OFFICE OF THE SECRETARY OF STATE ANNUAL REPORT

DATE DUE 07-01-1976 DELINQUENT NT

TREEPHONE NO. 585-3185

President

DISREGARD THIS FREED

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(9) AUTHORIZED SHARES

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY STATE THEASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR PA:ABLE TO KENTUCKY (PROFESSIONAL SERVICE CORPORATION) PLEASE "EE REVERSE SIDE OF THIS REPORT. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT; I FURTHER PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS. CORRECTIONS AND ADDITIONS (PLEASE TIFE) USE THIS SECTION ONLY TO CHANGE OR ADD PLEASE NOTE. IF YOU ARE A KRS CHAPTER 274 CORPURATION DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY 502 TELEPHONE NO. 585-3185 SECFERIT PLEASE REJURN THIS COPY INFORMATION MISSING IN SPCTION 3. ACCEPPORATION. (CHECKS SECTION Street 5147E GT WITH FILING FEE INSTRUCTIONS South Shellby A. \* ... AUTHORIZED SIGNATURE MEMORIZED Louisville. PLEASE INCLUDE ZIP CODE HERE 9 FEE WITH YOUR ANNUAL 2) DATE OF INCORP 504-7553 DFFICE OF THE SECRETARY OF STATE CORPORATE RECORDS SECTION CORPORATE (5) PROCESS AGENT CL/8/8 FRANKFORT, KENTUCKY 40601 (7) MAILING (7) ADORESS ANNUAL REPORT RECORDS EXACT NAME OF CAPITOL BUILDING (205) 9 PHONE So. Shelby St. 00-0-0-00 CITY RUTUAL INSURANCE FOR OFFICE USE ONLY AMERICAN SEPTEMBER 909 STREE REPORT FOR 1977, DUE JULY 1, 1977 1.6.74 (2) OR CENTY CATE OF WITH KENICKY

SECTION A

(1) RECORD NO

STANDING.

JOHN L. HAKISTERN

(3) STATE OF INCORPORATION

LOUISVILLE KY.

PROCESS AGENT

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THE LALLS VONFAMY.

CORPORATE NAME

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SUUTH SHELOY

505

LOUISVILLE, KY.

MAILING ADDRESS

President

TITLE

